

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047058

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 100 Registrar's No. 1456

FILED DEC 30 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1 5117	
2 25117	
3	
4 2	
5 0	
6	
7 0	
8 2	
9 1-X	
10	
11 1/31	
12 12-0	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

M. E. Grimes

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Berthman</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Joseph</u>		Length of stay in 1b <u>2 years.</u>	c. CITY OR TOWN <u>St Joseph</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. St Joseph Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>1907 1/2 Federal</u>
3. NAME OF DECEASED (Type or print) First <u>LEROY</u> Middle <u>Bridgewater</u> Last <u>Bridgewater</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>23</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never-Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 9, 1934</u>
9. AGE (last birthday) <u>31</u>		IF UNDER 1 YEAR Months <u>31</u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>	11. BIRTHPLACE (City and state or country) <u>Nelson Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Bridgewater</u>	
13b. MOTHER'S MAIDEN NAME <u>Ethelene Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Myrtle Byrum</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>Mrs. Myrtle Byrum</u>		Address <u>Marsha H. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severe multiple injuries</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Stat</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Passenger of car</u>	
20c. TIME OF INJURY Hour <u>6</u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u>12 23 63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>D.O.A.</u> to <u></u> and last saw him alive on <u></u> Death occurred at <u>6:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated:			
22a. SIGNATURE (Degree or title) <u>W. E. Grimes MD</u>		22b. ADDRESS <u>St Joseph Mo</u>	
22c. DATE SIGNED <u>12-23-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-25-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Nelson, Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>Saline County, Missouri</u>
24. FUNERAL DIRECTOR <u>H. J. ...</u> ADDRESS <u>Fulton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 24, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI

JAN 2 1964

Corrupt issued 12-23-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George H. Guen

Licensed Embalmer No. 4220

P. O. Address Jackson, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.